

Council Crafts Plan to Accredite Subspecialties

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A new organization is moving forward with plans to provide accreditation and certification services for neurology subspecialties.

The United Council for Neurologic Subspecialties (UCNS) is currently working on accreditation and certification standards in the area of behavioral neurology and neuropsychiatry. Accreditation standards for behavioral neurology and neuropsychiatry are expected to be available early this year and certification standards are expected to be available in 2006, CLINICAL NEUROLOGY NEWS has learned in interviews with neurologists involved in the process.

In addition, the group is reviewing applications from five other neurology subspecialties that are seeking to pursue accreditation and certification through UCNS. Officials at UCNS are keeping the names of the subspecialties that have applied for membership confidential until the process is complete.



Neurologists deserve recognition for the extra time and training that they have invested in their subspecialty.

DR. SERGAY

Accreditation and certification for these subspecialties will help to ensure high-quality patient care, he said.

The activities of UCNS will increase the cohesiveness of the approach to training for various subspecialties, Dr. Sergay said. Currently, there may be five training programs in a given subspecialty, and they will all be slightly different. Now, the sponsoring organizations for a new subspecialty will have to come to a consensus on a core curriculum and training requirements before they apply for membership in UCNS.

That made the subspecialty of behavioral neurology and neuropsychiatry a good fit for UCNS since so much work had already been done on establishing a core curriculum in the field, said David L. Bachman, M.D., president of the Society for Behavioral and Cognitive Neurology, one of the groups that sponsored the subspecialty for membership with UCNS. Dr. Bachman chairs the behavioral neurology section for the American Academy of Neurology and is director of the division of adult neurology at the Medical University of South Carolina in Charleston.

UCNS recently finished a draft of the application form that will be used to accredit training programs in behavioral neurology and neuropsychiatry. The application form was developed according to the training requirements provided by the subspecialty. Currently, nine training programs have agreed to pilot the form. These programs will review the form and provide comments to UCNS.

"We want the programs to feel comfortable that these are reasonable criteria that people can live with," said Dr. Bachman, who now sits on the UCNS board of directors as a representative of his specialty.

It's likely that the training programs will be able to begin applying early this year and UCNS plans to begin accrediting programs in the fall, said Mari Mellick, UCNS manager, in St. Paul.

Certification for physicians will run on a parallel track to accreditation, Dr. Bachman said.

There are a number of people who have already been trained in behavioral neurology and neuropsychiatry. As a result, leaders from the subspecialty and officials at UCNS are also working to develop grandfathering criteria for those physicians who have already been training in this field.

UCNS has also formed an examination committee for behavioral neurology and neuropsychiatry with experts from the subspecialty who will develop the certification exam.

The committee's first meeting is scheduled for early this year with the goal of offering the certification exam in 2006, Ms. Mellick said. ■

POLICY & PRACTICE

CMS Plans for Stent Coverage

The Centers for Medicare and Medicaid Services is planning to expand the indications for covering implantation of a carotid artery stent. Currently, the stents are covered only in the context of a clinical trial, but under the proposed criteria, stents would be covered if the patient is at high risk of endarterectomy and has symptomatic carotid artery stenosis greater than or equal to 70%. The memo also addresses the qualifications for the providers installing the stent, noting that it should be done "in facilities and by physicians who have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We propose that competency will be determined through a national evaluation process by a recognized entity using approved standards."

California Parkinson's Registry

The State of California began collecting data this month for a statewide Parkinson's disease registry. The registry is the result of legislation sponsored by Democratic state representative Dario Frommer and requires "any physician and surgeon, pharmacist, or other health practitioner diagnosing or providing treatment for Parkinson's disease" to report each case to the state health department; all information will remain confidential. "We don't have enough data on how many people have Parkinson's disease in America today," Amy Comstock, executive director of the Parkinson's Action Network, said in a statement. "We don't have enough data on the general age, ethnicity, or gender of people with Parkinson's disease, or even if environmental factors play a part in causing [it]. The California registry will provide solid data for researchers who are seeking answers to those important questions." A 2-year, \$500,000 pilot project to start the registry is being funded by the National Institute of Environmental Health Sciences and the Michael J. Fox Foundation.

Comments Due on Pain Rx Regs

Interested parties have until March 21 to comment on an interim policy statement on dispensing controlled substances for pain treatment. The statement, which was published on Nov. 16, 2004, in the Federal Register, outlines several inaccuracies that were included in an August 2004 "frequently asked questions" document on the subject that appeared on the Drug Enforcement Administration Web site; the document was later withdrawn from the site. The statement also notes that the DEA plans to publish a document "aimed at providing guidance and reassurance to physicians who engage in legitimate pain treatment while deterring the unlawful conduct of a small number of physicians" who exploit the law to engage in drug trafficking. Information on submitting comments can be found in a Federal Register notice published on Jan. 18; that notice

can be located at this Internet address: www.access.gpo.gov/su_docs/fedreg/a050118c.html.

Portable Health Plans

Patients can take their health insurance coverage with them when they change or lose a job, under the final regulations that implement the last piece of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). According to a statement by the Health and Human Services Department, it is important that American workers, who often change jobs several times in the course of their lives, are able to respond to the modern workplace without having to fear for their health insurance. The regulations allow greater portability and availability of group health coverage during a time of job transition, setting limits on preexisting condition exclusions that could be imposed, and requiring group health plans and insurance issuers to offer "special enrollment" to certain patients who lose eligibility for other group health coverage or health insurance, or to otherwise eligible new dependents. The regulation goes into effect for plan years starting on or after July 1.

HealthSouth to Pay \$325 Million

HealthSouth Corp., a national rehabilitation services provider, has agreed to pay the federal government \$325 million to settle allegations that it defrauded Medicare and other federal health care programs. Of the payment amount, \$169 million goes to resolve allegations that it submitted claims for services provided to Medicare beneficiaries and members of the Department of Defense TRICARE program that were not performed by licensed physical therapists, or were not performed one-on-one as indicated. Another \$89 million of the money will be paid to resolve claims for "unallowable" items such as lavish entertainment and travel costs. The settlement "should send a strong message that the government will be persistent in pursuing those who engage in fraud," said U.S. Attorney Johnny Sutton, San Antonio.

Reduced Benefits for Retirees

Businesses are asking retirees to pay more for their health coverage as they struggle to control rising costs, the Kaiser Family Foundation reported. In the past year, 79% of firms increased their retirees' contributions for premiums, and 85% expect to do so in the coming year. In addition, 8% of employers surveyed eliminated subsidized health benefits for future retirees in 2004. For 2005, 11% said they are likely to terminate coverage for future retirees. However, 58% of responding firms said they were likely to continue offering prescription drug benefits and accept the tax-free subsidy created by the new Medicare law. The survey included responses from 333 large private-sector firms that offer retiree health benefits.

—Joyce Frieden